

JEFFREY GRISSOM  
DIRECTOR

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## County of San Diego

DEPARTMENT OF CHILD SUPPORT SERVICES

220 W. BROADWAY, 6TH FLOOR  
SAN DIEGO, CA 92101  
(619) 236-7600

Mailing Address:  
PO Box 122031, San Diego, CA 92112

Payment Address:  
STATE DISBURSEMENT UNIT  
PO BOX 989067  
WEST SACRAMENTO, CA 95798

Dear Parent:

Thank you for your interest in child support services. If you would like to open a case with our office, please complete the enclosed application. You can also access the application online at our Web site: [www.sandiegochildsupport.org](http://www.sandiegochildsupport.org). We have included a handbook in this packet that describes the child support process in California.

We would appreciate your completing the application to the best of your knowledge. You do not need to answer every question but each piece of information will help us obtain support for your children. If you have a court order for child support payments, please send us a copy with your application.

When you have completed your application, you may mail it or bring it in to our office at the address listed above. You may also bring the completed application with you to a New Case Orientation.

You are encouraged to attend a New Case Orientation. This will help you better understand the child support process. For additional details, see the New Case Orientation flyer in this packet.

Shortly after we receive your completed forms, you will be sent a letter that will contain your Personal Identification Number (PIN) and case number. If you do not receive correspondence from this office with your PIN and case number within three weeks from the date you return all forms to our office, please call the telephone number shown below.

The services provided by the Department of Child Support Services are free. Your case is very important to us. If you need help with your application, have questions or do not speak English, please call us at (619) 236-7600.

We look forward to assisting you.

Sincerely,

JEFFREY GRISSOM

*PLEASE REMEMBER:*

- *Complete your application to the best of your ability*
- *Complete the Domestic Violence Questionnaire*
- *Complete the Request for Support Services Form*
- *Include a copy of all child support orders*
- *Provide as much information as possible*

## REQUEST FOR SUPPORT SERVICES

INSTRUCTIONS: Read carefully before signing each of the areas below.

I request the services of the local child support agency to assist in my efforts to locate the noncustodial parent, establish paternity and/or secure support for the children listed in Section II.

I am applying for these services under the Child Support Enforcement Program under Title IV-D of the Social Security Act.

I will notify the local child support agency immediately of any of the following events:

- When each child marries, reaches age 19 or reaches age 18 and is not a full-time student, whichever occurs first.
- Any change in my residence address, mailing address, or telephone number.
- Any change in my employer, including name, address and telephone number.
- Any change in my income.
- Any change in the status, cost or availability of health insurance coverage.
- Any information regarding the whereabouts of the other parent(s).
- When the parent(s) move back in together with the children.
- Any change in the custody of the children.
- Any change in child care.

*I am aware that the local child support agency and the Attorney General do not represent me, the other parent, or the children who are the subject of this case. No attorney-client relationship exists between the local child support agency or the Attorney General, and myself, the other parent, or the children. No attorney-client relationship will arise if the local child support agency or the Attorney General provides the support services I have requested.*

I declare under penalty of perjury that I have read, understand and agree to all of the terms specified above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your signature below acknowledges your consent for any amounts overpaid to you to be deducted from future ongoing support payments. If you do not consent, the overpayment will be recouped by withholding all further interest and arrears payments until the overpayment is fully satisfied. Your consent is not mandatory for the receipt of services.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DCSS Case No.:

# COUNTY OF SAN DIEGO

## APPLICATION FOR CHILD SUPPORT SERVICES

PLEASE PRINT (USE BLUE OR BLACK INK)

COMPLETE BOTH PAGES

### FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

YOUR PRESENT NAME: LAST, FIRST, MIDDLE		YOUR TELEPHONE NUMBERS: HOME: WORK: CELL: OTHER (SPECIFY):		BEST TIME TO REACH YOU: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
MAIDEN NAME:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			WHERE DO YOU PREFER TO BE REACHED? <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> OTHER
YOUR ADDRESS: STREET		CITY:	STATE:	ZIP:
E-MAIL ADDRESS:				

ARE YOU LIVING WITH THE NONCUSTODIAL PARENT? YES ☐ NO ☐ (IF NOT, GIVE DATE AND ADDRESS YOU LAST LIVED TOGETHER)

DATE: STREET: CITY: STATE: ZIP:

YOUR SOCIAL SECURITY NUMBER: — —	BIRTHDATE:	PLACE OF BIRTH:	RACE:	PRIMARY LANGUAGE:	DRIVERS LICENSE NUMBER:	STATE:	RELATIONSHIP TO CHILDREN:
NAME AND ADDRESS OF YOUR EMPLOYER: (IF NOT WORKING, PRINT "UNEMPLOYED") NAME: STREET: CITY: STATE: ZIP:					YOUR GROSS MONTHLY EARNINGS: \$	NAME AND PHONE NUMBER OF A RELATIVE OR FRIEND WHO WILL BE ABLE TO CONTACT YOU:	

LIST OTHER SOURCES OF INCOME:

DATE AND PLACE OF YOUR MARRIAGE TO THIS NONCUSTODIAL PARENT (IF NEVER MARRIED, PRINT "NONE") DATE: COUNTY & STATE:	DATE AND PLACE OF YOUR DIVORCE FROM THIS NONCUSTODIAL PARENT (IF NO DIVORCE, PRINT "NONE") DATE: COUNTY & STATE:
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IF THE NONCUSTODIAL PARENT RESIDES OUTSIDE CALIFORNIA, PLEASE ANSWER QUESTIONS 1-2

1. HAS NONCUSTODIAL PARENT EVER LIVED IN CALIFORNIA? YES ☐ NO ☐ IF SO, WHEN? WHERE?  
2. HAS NONCUSTODIAL PARENT EVER WORKED IN CALIFORNIA? YES ☐ NO ☐ IF SO, WHEN? WHERE?

HAVE YOU EVER HAD A CASE WITH ANOTHER CHILD SUPPORT AGENCY? (IF YES, PLEASE GIVE DATE, CITY, STATE)

DATE FROM: TO: CITY: STATE: HAVE YOU EVER RECEIVED CASH AID (WELFARE) FOR THE LISTED CHILDREN? ☐ YES ☐ NO

IS THIS NONCUSTODIAL PARENT COURT ORDERED TO PAY CHILD

SUPPORT FOR THE CHILDREN NAMED BELOW? ☐ YES ☐ NO ☐ PENDING COURT ORDER #:

AMOUNT OF ORDER: \$ ☐ PER WEEK ☐ PER MONTH ☐ OTHER \_\_\_\_\_ DATE OF ORDER: COUNTY:

FULL NAMES OF ALL CHILDREN BY THIS NONCUSTODIAL PARENT (IF CHILD IS NOT YET BORN, PRINT "UNBORN" AND DATE EXPECTED)  
(A SEPARATE APPLICATION IS REQUIRED IF YOU HAVE ADDITIONAL CHILDREN FROM ANOTHER NONCUSTODIAL PARENT)

NAME	SEX	BIRTHDATE	BIRTHPLACE (CITY AND STATE)	SOCIAL SECURITY NUMBER	IS CHILD LIVING WITH YOU (YES/NO)	*DECLARATION OF PATERNITY (YES/NO)	STATE WHERE CHILD CONCEIVED
1.				- -			
2.				- -			
3.				- -			
4.				- -			

\*Indicate if you and the other parent signed a Declaration of Paternity. The Declaration of Paternity is a document, which is often signed in the hospital where the child was born.

COMMENTS: (PLEASE ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE)


COMPLETE BOTH PAGES

DATE REQUESTED:

APPLICATION ID:

## FACTS ABOUT THIS NONCUSTODIAL PARENT

NONCUSTODIAL PARENT'S NAME: LAST, FIRST, MIDDLE				NONCUSTODIAL PARENT'S TELEPHONE NUMBER: HOME: WORK: CELL: OTHER (Specify):	
RELATIONSHIP TO CHILDREN: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER		GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
IS NONCUSTODIAL PARENT KNOWN BY ANY NAME OTHER THAN ONE GIVEN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE PROVIDE:			MAIDEN NAME:		E-MAIL ADDRESS:
NONCUSTODIAL PARENT'S ADDRESS: STREET: CITY: STATE: ZIP:					
<input type="checkbox"/> CURRENT:					
IS THE NONCUSTODIAL PARENT IN JAIL/PRISON? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, PROVIDE INFORMATION BELOW:			
IS THE NONCUSTODIAL PARENT ON PROBATION/PAROLE? YES <input type="checkbox"/> NO <input type="checkbox"/>					
DATE:	AGENCY:	CITY:	STATE:	REASON:	
NONCUSTODIAL PARENT'S SOCIAL SECURITY NUMBER:		DRIVERS LICENSE NUMBER:	STATE:	BIRTHDATE/ OR APPROX. AGE	PLACE OF BIRTH:
IS THE NONCUSTODIAL PARENT A US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, PLEASE PROVIDE COUNTRY OF CITIZENSHIP:					
NONCUSTODIAL PARENT'S PHYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO)					
RACE:		COMPLEXION:		PRIMARY LANGUAGE:	
HAIR:	EYES:	HEIGHT:	WEIGHT:	IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)	
NAME & ADDRESS OF NONCUSTODIAL PARENT'S CURRENT EMPLOYER OR BUSINESS (IF NOT WORKING, PRINT "UNEMPLOYED") NAME: STREET: CITY: STATE: ZIP: PHONE NO.:					NONCUSTODIAL PARENT'S ESTIMATED MONTHLY GROSS INCOME:  \$
<input type="checkbox"/> SELF-EMPLOYED					
IF NONCUSTODIAL PARENT IS UNEMPLOYED OR CURRENT EMPLOYER IS UNKNOWN, GIVE NAME AND ADDRESS OF LAST EMPLOYMENT NAME: STREET: CITY: STATE: ZIP: PHONE NO.:					
PREVIOUS MILITARY DUTY? YES / NO <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/>					
NONCUSTODIAL PARENT'S USUAL OCCUPATION, TRADE, OR JOB TITLE:			LIST ANY OTHER TRADES OR SKILLS NONCUSTODIAL PARENT HAS:		
IS NONCUSTODIAL PARENT A MEMBER OF A LABOR UNION? YES <input type="checkbox"/> NO <input type="checkbox"/>					
NAME AND NUMBER OF UNION:		ADDRESS:		CITY:	STATE: ZIP:
IS NONCUSTODIAL PARENT A STEADY WORKER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NOT, EXPLAIN:					
LIST ANY OTHER SOURCES OF INCOME NONCUSTODIAL PARENT HAS: (VA BENEFITS, SOCIAL SECURITY DISABILITY, INTEREST, DIVIDENDS, TRUST, ETC.)					
NONCUSTODIAL PARENT'S MOTHER'S NAME (MAIDEN) AND FATHER'S NAME:					
MOTHER'S LAST (MAIDEN), FIRST:		ADDRESS:		CITY:	STATE: TELEPHONE NUMBER:
FATHER'S LAST, FIRST:		ADDRESS:		CITY:	STATE: TELEPHONE NUMBER:
RELATIVE OR FRIEND OF NONCUSTODIAL PARENT AND ADDRESS THAT MAY KNOW THE NONCUSTODIAL PARENT'S LOCATION:					
NAME		RELATIONSHIP	ADDRESS	CITY	STATE: TELEPHONE NUMBER
DOES THE NONCUSTODIAL PARENT VISIT THE CHILD(REN)? YES <input type="checkbox"/> NO <input type="checkbox"/>		WHAT PERCENT OF TIME?			
DOES THE NONCUSTODIAL PARENT HAVE ANY OTHER CHILD SUPPORT OBLIGATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, PLEASE PROVIDE AMOUNT: \$			
DOES THE NONCUSTODIAL PARENT HAVE OTHER MINOR CHILD(REN) IN THE HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, HOW MANY CHILDREN?			
NONCUSTODIAL PARENT'S PRESENT MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> LIVING WITH ANOTHER					
I REQUEST THE SERVICES OF THE DEPARTMENT OF CHILD SUPPORT SERVICES TO ASSIST ME IN THE FOLLOWING EFFORTS: (MARK ALL THAT APPLY)					
<input type="checkbox"/> ESTABLISH PATERNITY		<input type="checkbox"/> MODIFY AN EXISTING CHILD SUPPORT ORDER		<input type="checkbox"/> MY CHILDREN HAVE SATISFACTORY MEDICAL INSURANCE	
<input type="checkbox"/> OBTAIN A CHILD SUPPORT ORDER		<input type="checkbox"/> OBTAIN AN ORDER FOR MEDICAL INSURANCE		COVERAGE, NO ENFORCEMENT NEEDED AT THIS TIME	
<input type="checkbox"/> ENFORCE AN EXISTING CHILD AND SPOUSAL SUPPORT ORDER INCLUDING ARREARS		<input type="checkbox"/> ENFORCE AN EXISTING MEDICAL INSURANCE ORDER			
I am applying for support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.					
DATE: _____		SIGNATURE OF APPLICANT: _____			
I AM THE: <input type="checkbox"/> CUSTODIAL PARTY <input type="checkbox"/> NONCUSTODIAL PARENT <input type="checkbox"/> GUARDIAN					

# CHILD SUPPORT DOMESTIC VIOLENCE QUESTIONNAIRE

**NOTICE: If you do not complete and return this form, the federal government will release information about you or your child's whereabouts to other child support agencies, and possibly to the child's other parent.**

Your name: \_\_\_\_\_

Case No.: \_\_\_\_\_

Other party's name: \_\_\_\_\_

## SECTION I: Check the appropriate box for each of the questions.

1. Have you or a child in your care ever been a victim of domestic violence or child abuse committed by the other party to your child support case? ☐ Yes ☐ No
2. Have you ever obtained a restraining order, emergency protective order or stay away order against the other party to your child support case? ☐ Yes ☐ No

**If "Yes", please attach a copy of this order and provide the following information:**

County/State: \_\_\_\_\_ Court Case Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3. If you or a child in your care receive public assistance, do you want to claim "Good Cause" because of increased risk of physical, sexual, or emotional harm to you or your child, and request that the welfare department authorize that your support case be closed? ☐ Yes ☐ No

## SECTION II: You MUST complete this section if you answered "yes" to any item in Section I.

Please provide detailed domestic violence information including dates, times, places and witness (Attach additional pages if needed)


## SECTION III: Check the appropriate box, sign, date and return the form to the local child support agency.

- ☐ The disclosure of my address or other information identifying my location could be harmful to me or the child(ren) in my care. I am requesting that my address or other identifying information not be given to the other party in this case. This request for non-disclosure of information will remain in effect until I notify the local child support agency in writing, and the office that manages my case acknowledges that they have received my request. I understand that under federal law, an authorized person may submit a written request to the court which has jurisdiction to make or enforce child custody or visitation determinations. I will be notified in writing by the local child support agency if the court orders the release of information on my case.
- ☐ The disclosure of my address or other information identifying my location is not harmful to me or the child(ren) in my care. I understand this information will be made available to the federal government, courts, child support agencies and sometimes to the other parent of the child(ren).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## CHILD SUPPORT SERVICES PROGRAM NOTICE

### WHAT CHILD SUPPORT CAN DO FOR YOU:

All children have the right to be supported by both parents. Any person, including a noncustodial parent, whether or not he or she receives public assistance, can apply for support services. Some of the available services are as follows:

- locating the parent(s) for support enforcement purposes;
- establishing paternity (legal fatherhood);
- establishing a child and/or medical support (health insurance) order;
- enforcing a child and/or medical support order;
- modifying an existing court order for child and/or medical support;
- enforcing a spousal support order in conjunction with a child support order;
- collecting and distributing support payments.

### CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED

THE LOCAL CHILD SUPPORT AGENCY PROVIDES SERVICES ON BEHALF OF THE STATE OF CALIFORNIA. THEY DO NOT REPRESENT YOU AND ARE NOT YOUR ATTORNEY. BECAUSE YOU ARE NOT THEIR CLIENT, THE INFORMATION YOU PROVIDE IS NOT CONFIDENTIAL UNDER ATTORNEY/CLIENT PRIVILEGE.

### SOCIAL SECURITY NUMBER DISCLOSURE

The information in your case may be discussed or given to the State, the Department of Child Support Services, other public agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law. The local child support agency is required, under Section 466(a)(13) of the Social Security Act, to include in child support records the Social Security Number of any individual who is subject to a divorce decree, support order or paternity determination or acknowledgment. Social Security number information is mandatory and will be kept on file at the local child support agency to locate individuals for the purpose of establishing, modifying and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

### COOPERATION WITH CHILD SUPPORT

When you request services, you must cooperate with the local child support agency by providing any information or documents needed to establish paternity and/or locate the other parent and to get support payments for your child. Once the services of the local child support agency have been requested, the local child support agency will determine the appropriate actions to take. All support payments must be turned over to the local child support agency.

When you apply for, or receive, support services, you are responsible for promptly informing the local child support agency of any changes in circumstance or information. Some examples are:

- child leaves the home;
- telephone number or address changes (including a move to another State, County or Country);
- stopping public assistance (CalWORKs);
- name change;
- initiation of divorce or legal proceedings;
- information regarding the noncustodial parent;
- direct receipt of any child, spousal, or family support payment.

## YOUR RIGHTS

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you hire an attorney, you must tell the local child support agency. For free legal assistance, you may contact the Superior Court's Office of the Family Law Facilitator, or free legal services maybe available at the local legal services office.

If you have a support order in the State of California, you can ask the local child support agency to review your support order to determine if the amount of support should be changed based on statewide guidelines. If the amount of support does not meet guidelines for change, the local child support agency must give you or the other parent, upon request, information on how to get the forms to request the court to change the amount of support ordered. The local child support agency must also tell you of the initial date, time and purpose of every hearing for paternity or support. You also have the right to read the county clerk's file, unless that information is legally prohibited by confidentiality requirements.

You or the other parent may raise issues concerning support, custody, visitation, and restraining orders. The local child support agency will give you copies of the most recent order entered in your case. You can go to court to enforce your support order, but you must give the local child support agency advance notice that you intend to file your own enforcement action. If the local child support agency does not respond to your notice within 30 days or if the local child support agency tells you that you can proceed, you can then file your own enforcement action as long as all support is payable through the local child support agency.

The local child support agency must have the permission of a non-public assistance recipient before filing a stipulation affecting the support order in which that person is named as a party. The local child support agency can not, without a public assistance recipient's consent, enter into a stipulation that will decrease the amount of overdue support when the recipient is owed overdue support that is more than the unreimbursed public assistance.

The payments received by the local child support agency are applied in the following order\*:

1. Current monthly support;
2. Interest;
3. Past due support - first non-welfare arrears, then welfare arrears; and
4. Future obligations.

\*Federal income tax refunds owed to the noncustodial parent can be intercepted by the local child support agency, and are applied differently than other payments received by the local child support agency. By Federal law, this money cannot be applied to current child/spousal/family/medical support obligations. It must be applied to the past due child support. If a custodial parent has received public assistance, including Medi-Cal, the past due child support owed to the State/County will be paid first.

**CALIFORNIA DOES NOT CHARGE AN APPLICATION FEE AND DOES NOT CHARGE FOR THE CHILD SUPPORT SERVICES PROVIDED TO APPLICANTS. HOWEVER, SOME STATES DO CHARGE A FEE FOR SERVICES. IF YOUR CASE INVOLVES ONE OF THOSE STATES, THEY MAY DEDUCT THE FEE FROM THE SUPPORT PAYMENTS, OR ADD IT TO THE BALANCE THAT IS OWED. IN ADDITION, IN SOME SITUATIONS, COST FOR GENETIC TESTS MAY BE CHARGED.**

## NOTICE OF COLLECTIONS AND DISTRIBUTION

You will get a Notice of Collections and Distribution of support payments every month from the local child support agency. The Notice will show you all support that was collected and paid out during the time period shown on the Notice. You will not receive a Notice of Collections and Distribution in a month that no support was received or paid out.

## MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a court order that requires one or both parents to provide health insurance if health insurance is available at reasonable cost. In general, the cost of health insurance is reasonable if it is employment-related group health insurance or other group health insurance. However, in determining reasonable cost, the court will also consider the actual cost to the parent(s) of the health insurance.

The local child support agency will ask the court to establish or modify a child support order to require the parent(s) to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the local child support agency modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligations. If the noncustodial parent is ordered to provide health insurance coverage, the local child support agency will contact the noncustodial parent and his or her employer, if necessary, to secure health insurance for the child. After the local child support agency receives the policy information, a copy will be given to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to tell your county CalWORKs department, your health care provider, and/or the local child support agency. Failure to provide this information is a misdemeanor. You must report to your CalWORKs eligibility worker and/or local child support agency within ten days when your private health coverage changes or stops. You must also tell your CalWORKs eligibility worker and/or the local child support agency about any court order regarding health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits for you, unless you have filed and the County CalWORKs department has approved a claim of "good cause" (CA 51) for not cooperating. Your children will still be eligible for Medi-Cal. Also, all child support services will be given, unless you tell the local child support agency that you do not want services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the local child support agency will establish paternity only.

Under Federal law [42 U.S.C. Section 1396A (25)], health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

The service provider will bill Medi-Cal. Medi-Cal will pay the service provider. Then Medi-Cal will seek repayment from the other health coverage. You are not responsible for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you **must** use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

FOR MORE INFORMATION ON CHILD SUPPORT SERVICES PLEASE REFER TO YOUR  
CHILD SUPPORT HANDBOOK

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### NONDISCRIMINATION STATEMENT

It is the policy of the State of California to ensure that all individuals are treated equally and that no person shall, on the basis of ethnic group identification, race, color, national origin, political affiliation or belief, religion, sex, age or disability be excluded from participation in, denied the benefits of any program or service, or otherwise be subjected to treatment that is different than that provided to others.

Each local child support agency has a designated Civil Rights Coordinator. Any applicant/recipient who feels they have been subjected to discriminatory treatment may file a complaint of discrimination by first contacting the local child support agency's designated Civil Rights Coordinator or by writing to the California Department of Child Support Services, Attn: Human Services Section, Civil Rights Office, P.O. Box 419064, Rancho Cordova, CA 95741-9064 or telephone (916) 464-5200.

## **NEW CASE ORIENTATION**

New Case Orientation is an informal workshop about child support services. It will help you understand how the process works and give you a chance to meet one-on-one with a case worker. Although New Case Orientation is not required, those parents that have attended this presentation learned a great deal of what to expect during the processing of their child support case.

If you would like to attend a New Case Orientation, please bring your completed application to one of the locations listed in this packet. This meeting is limited to custodial parents only. We ask that you do not bring friends, children or other family members. Be sure to be on time.

### **WHEN YOU COME TO ORIENTATION:**

- Please make copies of your documents for our office before you arrive
- Make copies of any existing child support court order (if your order is not from California, please provide a certified copy)
- Provide a photo of the noncustodial parent, if possible
- Please do not bring friends, children or other family members
- And most important, please complete your application to the best of your knowledge.

If you need help with your application, have questions or do not speak English, please call us, before you come to Orientation, at (619) 236-7600.

### **ORIENTATION WILL NOT BE HELD ON THE FOLLOWING HOLIDAYS:**

JANUARY 1, 2008  
JULY 4, 2008  
NOVEMBER 11, 2008

# DEPARTMENT OF CHILD SUPPORT SERVICES

## NEW CASE ORIENTATION SITES

Toll Free 1-(866) 230-CARE

### DOWNTOWN

**Location:** 220 West Broadway, 6<sup>th</sup> Floor  
San Diego, CA 92101

**Date:** 1st Friday of each month (except holidays)

**Time:** 9:00 a.m.

**Transportation:** Use of public transportation is suggested due to the high cost of downtown parking.

- San Diego Transit (619) 233-3004
- San Diego Trolley (619) 595-4949

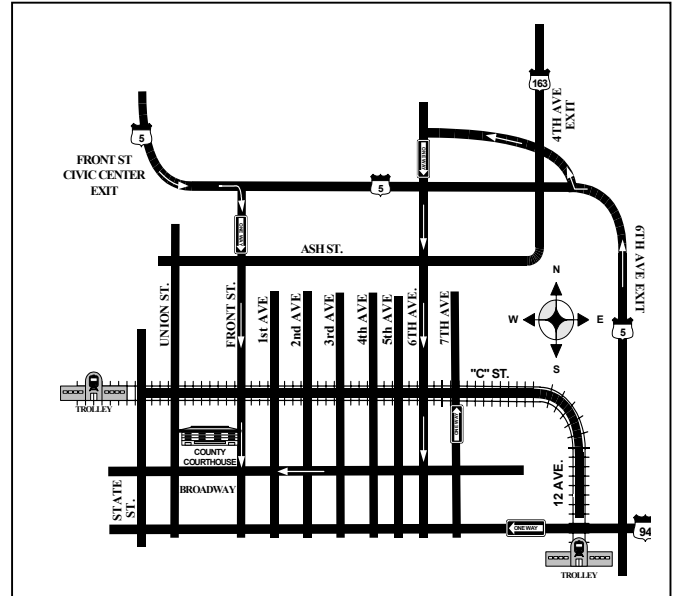
### Directions to San Diego Court House

**From 15 South,** take 163 South  
Exit at 4th Ave.  
Left on 4th (one way St.)  
Right on Broadway  
County Courthouse is between  
Front St. and Union St.

**From 5 South**  
Exit at Front/Civic Center  
Stay in right lane  
Right on Broadway  
County Courthouse is between  
Front St. and Union St.

**From 94 West**  
Freeway becomes "F" St.  
Right on 7th Ave.  
Left on Broadway  
County Courthouse is between  
Front St. and Union St.

**From 5 North**  
Exit at 6<sup>th</sup> Ave.  
Left at stop sign (6<sup>th</sup> Ave.)  
Right on Broadway  
County Courthouse is between  
Front St. and Union St.



### NORTH COUNTY

**Location:** 700 Eucalyptus Ave.  
Vista, CA 92084-6245

**Date:** 1<sup>st</sup> Tuesday of each month (except holidays)

**Time:** 10:00 a.m.

**Transportation:** Bus route #331, or contact North County Transit at 1(800) COMMUTE

- Ample free parking available

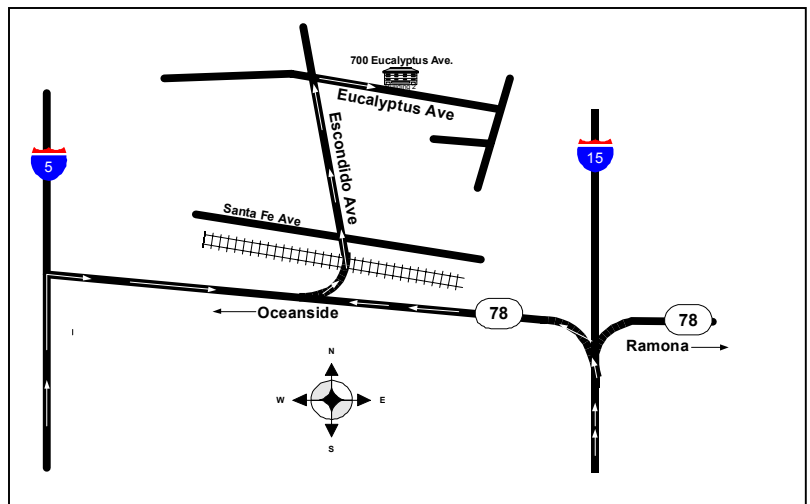
### Directions to Vista Library

#### From I-5

Exit onto ramp towards CA-78 (East)  
Vista/San Marcos/Escondido  
Exit onto ramp towards Escondido Ave.  
Turn left (North-East) onto Escondido Ave.  
Turn right (East) onto Eucalyptus Ave.

#### From I-15

Exit onto ramp towards CA-78  
Oceanside/Ramona  
Merge onto CA-78 West  
Exit onto ramp towards Escondido Ave.  
Turn right (North-East) onto Escondido Ave.  
Turn right (East) onto Eucalyptus Ave.



# SAN DIEGO COUNTY

## DEPARTMENT OF CHILD SUPPORT SERVICES

### NEW CASE ORIENTATION SITES

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#### **SOUTH BAY**

**Location:** 690 Oxford St.

Chula Vista, CA 91911

**Date:** 3rd Tuesday of each month (except holidays)

**Time:** 10:00 a.m.

**Transportation:** Bus route #932, or contact San Diego Transit at (619) 233-3004

- Ample free parking available

#### **Directions to HHSA South Region Center**

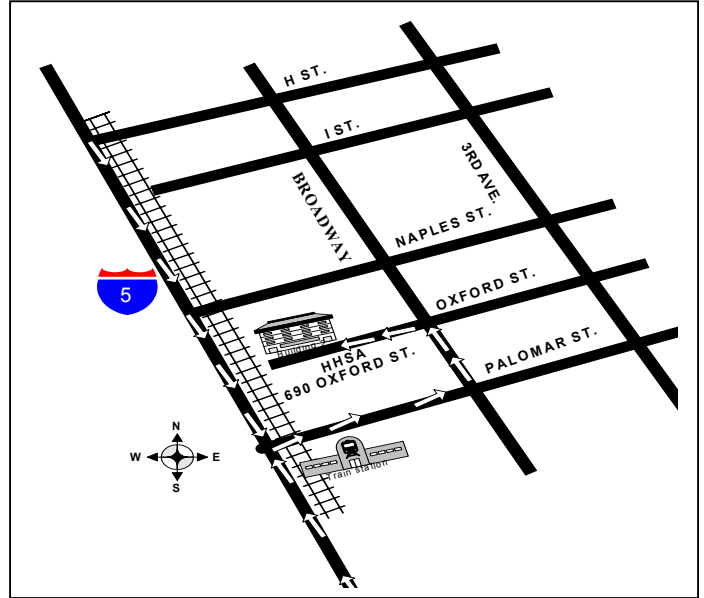
##### **From I-5**

Exit Palomar St. East

Turn Left on Broadway St.

Turn Left on Oxford St.

HHSA South Region Center on Right



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#### **EAST COUNTY**

**Location:** 201 East Douglas Ave

El Cajon, CA 92020

**Date:** 2nd Tuesday of each month (except holidays)

**Time:** 11:00 a.m.

**Transportation:** Bus route #815, or contact San Diego Transit at (619) 233-3004

- Ample free parking available

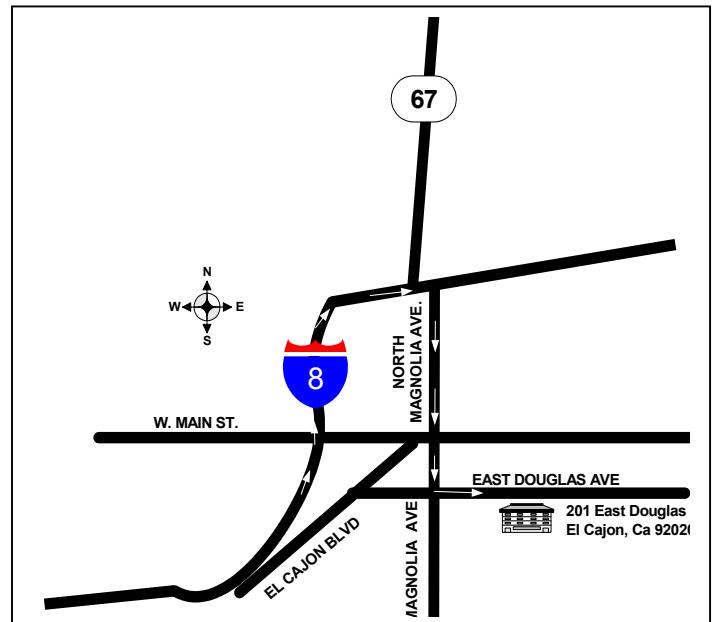
#### **Directions to El Cajon Library**

##### **From I-8 East**

Exit Magnolia Ave. - South

Right on North Magnolia Ave.

Left on East Douglas Ave.



JEFFREY GRISSOM  
DIRECTOR

ROBERT L. LAFER  
CHIEF LEGAL COUNSEL



**County of San Diego**  
DEPARTMENT OF CHILD SUPPORT SERVICES

220 W. BROADWAY, 6TH FLOOR  
SAN DIEGO, CA 92101  
(619) 236-7600

Mailing Address:  
PO Box 122031, San Diego, CA 92112  
Payment Address:  
STATE DISBURSEMENT UNIT  
PO BOX 989067  
WEST SACRAMENTO, CA 95798

**NOTICE TO ALL CUSTODIAL PARTIES AND NONCUSTODIAL PARENTS**

SUBJECT: OPERATION ENDURING FREEDOM – REVIEW AND ADJUSTMENT REQUESTS

**THE SERVICEMEMBERS CIVIL RELIEF ACT- RESTRICTIONS ON INTEREST**

This is to tell you about a federal law called the Servicemembers Civil Relief Act (SCRA). This Act offers certain benefits to a parent who has recently been called to active duty as a result of our War on Terrorism, the War in Iraq, or any other United States action that deploys servicemembers into active military duty.

- If your income has gone down since you were called to active military service, you may be able to have your current child support amount changed.
- You may also receive a lower interest rate charged on any past due child support you owed before you were called to active military service.

Change to Child Support Orders

If you were called to active military service, and you are a custodial party or noncustodial parent, your local child support agency (LCSA) must allow you to request a review of your current support order. The review process may result in an upward or downward change or no change. Once the review has been completed, both parents must receive a notice.

Lower Interest Rate On Past Due Support

As a parent called to military service, you may also ask for a lower interest rate on child support arrearages under the SCRA. The interest rate on unpaid child support is usually ten percent in California. However, a servicemember may request the LCSA to lower the interest rate from ten percent down to six percent charged on past due support that was owed before the date you entered into active duty military service.

Your request for a lower interest rate must be in writing and say that you are making this request because of the Servicemembers Civil Relief Act. You must also provide documentation of active duty status and provide the date when active duty began.

To request a change to your child support order or a lower interest rate on past due support as allowed in the Servicemembers Civil Relief Act, contact your local child support agency at:

**Department of Child Support Services  
P.O. Box 122031  
San Diego, California 92112-2031  
(619) 236-7600**